

VETERANS ADMINISTRATION AND U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
HUD COMMUNITY PLANNING AND DEVELOPMENT
HUD HOUSING - FEDERAL HOUSING COMMISSIONER

REQUEST FOR VERIFICATION OF DEPOSIT

PRIVACY ACT NOTICE STATEMENT - This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor for mortgage insurance or guaranty or as a borrower for a rehabilitation loan under the agency's program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits and as required and permitted by law. You do not have to give us this information, but, if you do not, your application for approval as a prospective mortgagor for mortgage insurance or guaranty or as a borrower for a rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38, U.S.C., Chapter 37 (if VA); by 12 U.S.C., Section 1701 et seq., (if HUD/FHA); and by 42 U.S.C., Section 1452b (if HUD/CPD).

INSTRUCTIONS

LENDER OR LOCAL PROCESSING AGENCY: Complete Items 1 through 8. Have applicant(s) complete Item 9. Forward directly to the Depository named in Item 1. **DEPOSITORY:** Please complete Items 10 through 15 and return **DIRECTLY** to Lender or Local Processing Agency named in Item 2.

PART I - REQUEST

1. TO (Name and Address of Depository)

2. FROM (Name and Address of Lender or Local Processing Agency)

I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. Signature of Lender or Official of Local Processing Agency

4. Title

5. Date

6. Lender's Number (Optional)

7. INFORMATION TO BE VERIFIED:

| Type of Account and/or Loan | Account/Loan in Name of | Account/Loan Number | Balance |
|-----------------------------|-------------------------|---------------------|---------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

TO DEPOSITORY: I have applied for mortgage insurance or guaranty or for a rehabilitation loan and stated that the balance on deposit and/or outstanding loans with you are as shown above. You are authorized to verify this information and to supply the lender or the local processing agency identified above with the information requested in Items 10 through 12. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. NAME AND ADDRESS OF APPLICANT(S)

9. SIGNATURE OF APPLICANT(S)

TO BE COMPLETED BY DEPOSITORY

PART II - VERIFICATION OF DEPOSITORY

10. DEPOSIT ACCOUNTS OF APPLICANT(S)

| Type of Account | Account Number | Current Balance | Average Balance for Previous Two Months | Date Opened |
|-----------------|----------------|-----------------|---|-------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

11. LOANS OUTSTANDING TO APPLICANT(S)

| Loan Number | Date of Loan | Original Amount | Current Balance | Installments (Monthly/Quarterly) | Secured by | Number of Late Payments within Last 12 Months |
|-------------|--------------|-----------------|-----------------|----------------------------------|------------|---|
| | | \$ | \$ | \$ per | | |
| | | \$ | \$ | \$ per | | |
| | | \$ | \$ | \$ per | | |

12. ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF CREDIT WORTHINESS: Please include information on loans paid-in-full as in Item 11 above)

13. Signature of Depository Official

14. Title

15. Date

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to the lender or local processing agency and is not to be transmitted through the applicant or any other party.